

ADULT SCHOOL CROSSING GUARD REQUEST FORM



Instructions: Please fill out one form for each location where you are requesting a new School Crossing Guard. Answers may be typed directly into this PDF Form or you may print the form and fill it out by hand.

SCHOOL INFORMAT	ION		
School Name:			
Address:			
Number of Students:			
Grade Levels:			
School Start Time:			
School Dismissal Time:			
			chool Crossing Guard (For vania Avenue NW between 16 th
where you are requesting a location where the School C than once. You may conduct	e-hour period and co School Crossing Gua Crossing Guard is bea at the count during the	ard. Please count all sing requested but you se morning or the after	ats cross the street at the location tudents who cross any street at the may not count any student more rnoon but the count must occur ant submitted on this form.
Count conducted from:	Start time of count	until:	End time of count
Date of Count:			
Number of Student Ped	estrians and Bicyo	clists Counted:	



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(For example, there are many turning vehi	icles, there is poor visibility, or there is no traffic
signal.)	
CONTACT INFORAMATION AND SO	CHOOL PRINCIPAL ENDORSEMENT
Principal/Assistant Principal Name:	
Telephone Number:	E-mail Address:
Mailing Address (if Different from Scho	ool):
•	
Principal/Assistant Principal Signature	
By sign	ning you attest that the information on this form is true and accurate.
Date:	

E-mail or Fax Completed forms to: <u>customerservice.ddot@dc.gov</u> (202) 671-0650

Please allow 30 days for assessment.

For more information, call the DDOT Office of the Director at 202-673-6813 or go to www.ddot.dc.gov